

# Exhibit F

**Schoolcraft Memorial Hospital**

7870W US Hwy 2

 Manistique, MI 49854-  
 (906) 341-3200

 Patient: **THOMPSON, DERICO**

MRN: 60866

Encounter: 723046

DOB: [REDACTED] Age: 45 years

Birth Sex: Current Sex: Male

Location: SCHL Specialty Clinic; Room 28

Admit Date: 8/3/2020

Discharge Date: 8/3/2020

Attending: VERMEULEN,RICHARD MD

Receiving: DEMERS,LISA

**Office Clinic Notes**
**Document Type:**
**Office Clinic Note Physician**
**Service Date/Time:**

8/3/2020 10:46 EDT

**Result Status:**
**Auth (Verified)**
**Document Subject:**
**Office Visit Note**
**Sign Information:**

VERMEULEN,RICHARD MD (8/3/2020 10:46 EDT)

**DOB:** [REDACTED]

**Age:** 45 years

**Sex:** Male

**MRN:** 60866

**Registration Date:** 08/03/2020

**THOMPSON, DERICO**
**Chief Complaint**

bil lower leg pain

**History of Present Illness**

I had the pleasure of evaluating Derrico Thompson date of birth [REDACTED]

[REDACTED] today subsequent to Practitioner Wendy Jamros lower limb electrodiagnostic referral

Patient history. Mr. Thompson was row lifting this past September 2019 when he developed low back pain that is gradually he indicated a worse. He has bilateral lower lumbar pain medic that is accompanied temporally with painful numbness in the lateral thighs into the posterior and lateral bilateral legs and into the feet. Hard to define where in the feet and which toes have numbness but they intermittently have numbness when this problem is most painful in the low back and left lateral thigh. More pain and numbness on the left side than the right.

**Review of Systems**

Denies fever denies chills. Mr. Thompson indicated when he has a lot of his described pain is harder to manage his bowels and bladder though is not describing any consistent incontinence.

I reviewed the forwarded to records documented by Practitioner Jamros.

**Physical Exam**
**Vitals & Measurements**

HR: 58(Apical) RR: 18 BP: 122/68 SpO2: 99%

HT: 185 cm WT: 74.84 kg BMI: 21.87

Physical exam. Lumbar extension can increase low back pain at active endrange. Manual muscle testing revealed bilateral isometric left > right 4/5 great toe extension weakness and unilateral left 4/5 hip abduction isometric weakness with normal isometric medical research Council graded 5/5 right hip abduction and bilateral 5/5 hip

**Problem List/Past Medical History**
**Ongoing**

Lumbosacral radiculopathy at L5

**Historical**

No qualifying data

**Medications**

 naproxen 500 mg oral delayed release tablet,  
 500 mg= 1 tab, Oral, BID

**Allergies**

No Known Allergies

**Social History**
**Alcohol**

Past

**Electronic Cigarette/Vaping**

Electronic Cigarette Use: Never.

**Substance Use**

Past, Marijuana

**Tobacco**

 Former smoker, quit more than 30 days ago  
 Tobacco Use: quit 10 years ago per day.

**Family History**

Family history is unknown

**Schoolcraft Memorial Hospital**

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**Office Clinic Notes**

extension, hip flexion, hip adduction, knee extension, ankle dorsiflexion, ankle plantarflexion and great toe flexion. Preserved knee and ankle lower limbs symmetrical muscle stretch responses. Plantar responses downgoing.

Electrodiagnostic discussion and informed consent. Subsequent to discussing electromyographic monopolar needle recorded infection and muscle bleeding other EMG risks I obtained informed consent including the Schoolcraft Memorial Hospital routine informed consent form that both I and Mr. Thompson and today signed prior to my bilateral lumbosacral paraspinal and bilateral lower limb electromyographic testing. The findings are noted in the electrodiagnostic data sheet that accompanies today's documentation.

**Electrodiagnostic summary.**

1.) Today's left lumbar paraspinal, gluteus medius, anterior tibialis and extensor hallucis longus electromyographic active denervation in more chronic reinnervation signs in the absence of any high-grade axonal loss findings are collectively consistent with a left L5 lumbar radiculopathy.

2.) Today's right lumbar paraspinal and right lower limb electromyographic findings are within normal limits.

**Assessment/Plan**

1. Lumbosacral radiculopathy at L5 M54.17

1.. Today's low back pain with left hip abduction/great toe extension L5 myotomal weakness, lower limb to the leg lumbar referred numbness and pain in today's reference electrodiagnostic abnormalities are consistent with and believe document presence of left L5 lumbar radiculopathy.

2. The lesser right low back pain with temporally associated right thigh and leg referred painful numbness in right great toe extension weakness is consistent with a lesser degree of right L5 lumbar radiculopathy which would account for the normality of today's right limb electromyographic findings.

Having reviewed the forwarded records this would be consistent with the L4-L5 described disc bulge mediated bilateral L5 lumbar radiculopathy based on the records forwarded and reviewed.

**Follow Up Instructions**

No qualifying data available

Electronically Signed on 08/03/20 10:46 AM

VERMEULEN, RICHARD MD